

B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of facility/site: FORMER ALLIED LEATHER TANNERY		Facility/site address:	
Location of facility/site: longitude: _____ latitude: _____	Facility SIC code(s): 3110	Street: 35 East St.	
b) Name of facility/site owner: City of Concord, Community Development		Town: Penacook Village, Concord	
Email address of owner: mwalsb@onconcord.com	State: NH	Zip: 03303	County: Merrimack
Telephone no. of facility/site owner: (603) 225-8595			
Fax no. of facility/site owner: (603) 228-2701		Owner is (check one): 1. Federal _____ 2. State/Tribal _____	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street: 41 Green Street			
Town: Concord	State: NH	Zip: 03301	County: Merrimack
c) Legal name of operator: Wilcox & Barton, Inc	Operator telephone no: (603) 715-1647		
	Operator fax no.: (603) 715-1647		Operator email: rbarton@wilcoxandbarton.com
Operator contact name and title: Russell W. Barton, Principal			

Address of operator (if different from owner):		Street: 57 Hoyt Rd	
Town: Concord	State: NH	Zip: 03301	County: Merrimack
<p>d) Check "yes" or "no" for the following:</p> <p>1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>, if "yes," number: #NH-051-001</p> <p>2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>, if "yes," date and tracking #: April 2005</p> <p>3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA: 198605043</p> <p>2. permit or license # assigned:</p> <p>3. state agency contact information: name, location, and telephone number: Robert McCluskey, Concord, NH 603-271-3503</p>		<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p> <p>2. phase I or II construction storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p> <p>3. individual NPDES permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p> <p>4. any other water quality related permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p>	

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage:</p> <p>Dewatering for purposes of underground storage tank removal and placement of backfill. Discharge to Contoocook River adjacent to project site will follow treatment by settling, sediment filtration, and carbon filtration.</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points:</p> <p>1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow .167</p> <p>Average flow .111 Is maximum flow a design value? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p> <p>Dewatering system is designed to extract groundwater at a rate of 0.11 cfs (50 gpm) during working hours. Treatment system is designed to process this flow, but may continue operation beyond working hours. Attenuation/storage provided by frac tank.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1: long. lat. ; pt.2: long. lat. ; pt.3: long. lat. ; pt.4: long. lat. ; pt.5: long. lat. ; pt.6: long. lat. ; pt.7: long. lat. ; pt.8: long. lat. ; etc.</p>		

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent _____ or seasonal _____? Is discharge ongoing Yes _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>12/19/05</u> end <u>03/31/06</u>	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is believed present or believed absent in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	✓									
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons		✓								
4. Cyanide	✓									
5. Benzene		✓	6	grab	8260	1.0	12.1	1.6e-3	12.1	1.1e-3
6. Toluene		✓	6	grab	8260	1.0	35.3	8.3e-3	35.3	5.6e-3
7. Ethylbenzene		✓	6	grab	8260	1.0	20.9	2.9e-3	20.9	1.9e-3
8. (m,p,o) Xylenes		✓	6	grab	8260	3.0	22.5	3.1e-3	22.5	2.0e-3
9. Total BTEX ⁴		✓	6	grab	8260	1.0	90.8	1.2e-2	90.8	8.2e-3

⁴ BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min- imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓									
11. Methyl-tert-Butyl Ether (MtBE)		✓	6	grab	8260	1.0	5.0	6.8e-4	5.0	4.5e-4
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene		✓		grab	8260	1.0	3.6	4.9e-4	3.6	3.3e-4
15. Carbon Tetra- chloride	✓									
16. 1,4 Dichlorobenzene	✓									
17. 1,2 Dichlorobenzene	✓									
18. 1,3 Dichlorobenzene	✓									
19. 1,1 Dichloroethane	✓									
20. 1,2 Dichloroethane	✓									
21. 1,1 Dichloroethylene	✓									
22. cis-1,2 Dichloro- ethylene		✓		grab	8260	1.0	2.1	2.9e-4	2.1	1.9e-4
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene		✓		grab	8260	1.0	1.3	1.8e-4	1.3	1.4e-4

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓									
26. 1,1,2 Trichloroethane	✓									
27. Trichloroethylene	✓									
28. Vinyl Chloride	✓									
29. Acetone	✓									
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓									
33. Total Phthalates ⁵ (Phthalate esters)	✓									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓									
a. Benzo(a) Anthracene	✓									
b. Benzo(a) Pyrene	✓									
c. Benzo(b) Fluoranthene	✓									
d. Benzo(k) Fluoranthene	✓									
e. Chrysene	✓									

⁵ The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓									
g. Indeno(1,2,3-cd) Pyrene	✓									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓	6	grab	8270	5.0	21.0	2.9e-3	21.0	1.9e-3
h. Acenaphthene	✓									
i. Acenaphthylene	✓									
j. Anthracene	✓									
k. Benzo(ghi) Perylene	✓									
l. Fluoranthene		✓	6	grab	8270	5.0	5.61	7.6e-4	5.61	5.1e-4
m. Fluorene	✓									
n. Naphthalene-		✓	6	grab	8260	1.0	3.6	4.9e-4	3.6	3.3e-4
o. Phenanthrene		✓	6	grab	8270	5.0	12.2	1.7e-3	12.2	1.1e-3
p. Pyrene										
37. Total Polychlorinated Biphenyls (PCBs)	✓									
38. Antimony	✓									
39. Arsenic	✓									
40. Cadmium	✓									
41. Chromium III		✓	6	grab	200.7	5	681	9.3e-2	681	6.2e-2
42. Chromium VI	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min- imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	✓									
44. Lead		✓	1	grab	200.7	3.8	63.7	8.7e-3	63.7	5.8e-3
45. Mercury	✓									
46. Nickel	✓									
47. Selenium	✓									
48. Silver	✓									
49. Zinc	✓									
50. Iron	✓									
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>If yes, which metals? Trivalent chromium, Lead</p>
<p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: Trivalent chromium, Lead</p> <p>DF: <u>>500</u></p>	<p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals: Lead</p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

<p>a) A description of the treatment system, including a schematic of the proposed or existing treatment system:</p> <p>See attached Figure 2 for a schematic of the treatment train. Extracted groundwater will be routed to a 20,000-gallon fractionation tank. Water will be treated in batches to provide a minimum residence time of 12 hours for settling of sediments in the frac tank. The treatment train will consist of dual 25-micron filter bags in pressure housings, followed by two 750-lb granular activated carbon canisters in series. Final polishing will be provided by a 1-micron bag filter. Influent, midfluent and effluent sample ports will be provided, along with a totalizing flow meter. Following treatment, water will be discharged by overland pipe to the Contoocook River.</p>						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank ✓	Air stripper	Oil/water separator	Equalization tanks	Bag filter ✓	GAC filter ✓
	Chlorination	Dechlorination	Other (please describe): System includes both 25-micron and 1-micron bag filters.			
<p>c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system: Average flow rate of discharge <u>50 gpm</u> Maximum flow rate of treatment system <u>75 gpm</u> Design flow rate of treatment system <u>75 gpm</u></p>						
<p>d) A description of chemical additives being used or planned to be used (attach MSDS sheets):</p> <p>None planned. GAC is expected to be adequate to address all organic contaminants. Fine particulate filtration and carbon units are expected to reduce the total metals concentration to within acceptable discharge limits. Carbon has also been shown to have moderate to high affinity for chromium.</p>						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct <input checked="" type="checkbox"/>	Within facility <input type="checkbox"/>	Storm drain <input type="checkbox"/>	River/brook <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe):
<p>b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:</p> <p>Direct discharge via temporary overland pipe/hose from treatment system to Contoocook River, as shown on Figure 1. Actual project /discharge duration is expected to be less than one week. Requested permit dates are provided to accommodate construction delays if encountered.</p>						

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:

1. For multiple discharges, number the discharges sequentially.

2. For indirect discharges, indicate the location of the discharge to the indirect conveyance and the discharge to surface water

The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water _____,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 94 cfs _____ cfs

Please attach any calculation sheets used to support stream flow and dilution calculations.

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes _____ No ☒ If yes, for which pollutant(s)?

Per telephone conversation with Greg Comstock, Contoocook River is not impaired at this location.

Is there a TMDL? Yes _____ No ☒ If yes, for which pollutant(s)?

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No ☒

Has any consultation with the federal services been completed? No ☒ or is consultation underway? Yes _____ No ☒

What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):

a "no jeopardy" opinion? _____ or written concurrence _____ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?

Yes _____ No ☒ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes _____ No _____

7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

Attachments

Figure 1, Site Plan showing proposed location of treatment system and discharge

Figure 2, Treatment Process Flow Diagram

Table 1, Groundwater Analytical Results from October 2004 and May 2005 (maximum values from most recent sampling event at each location were used)

Table 2, Groundwater Elevation Data

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

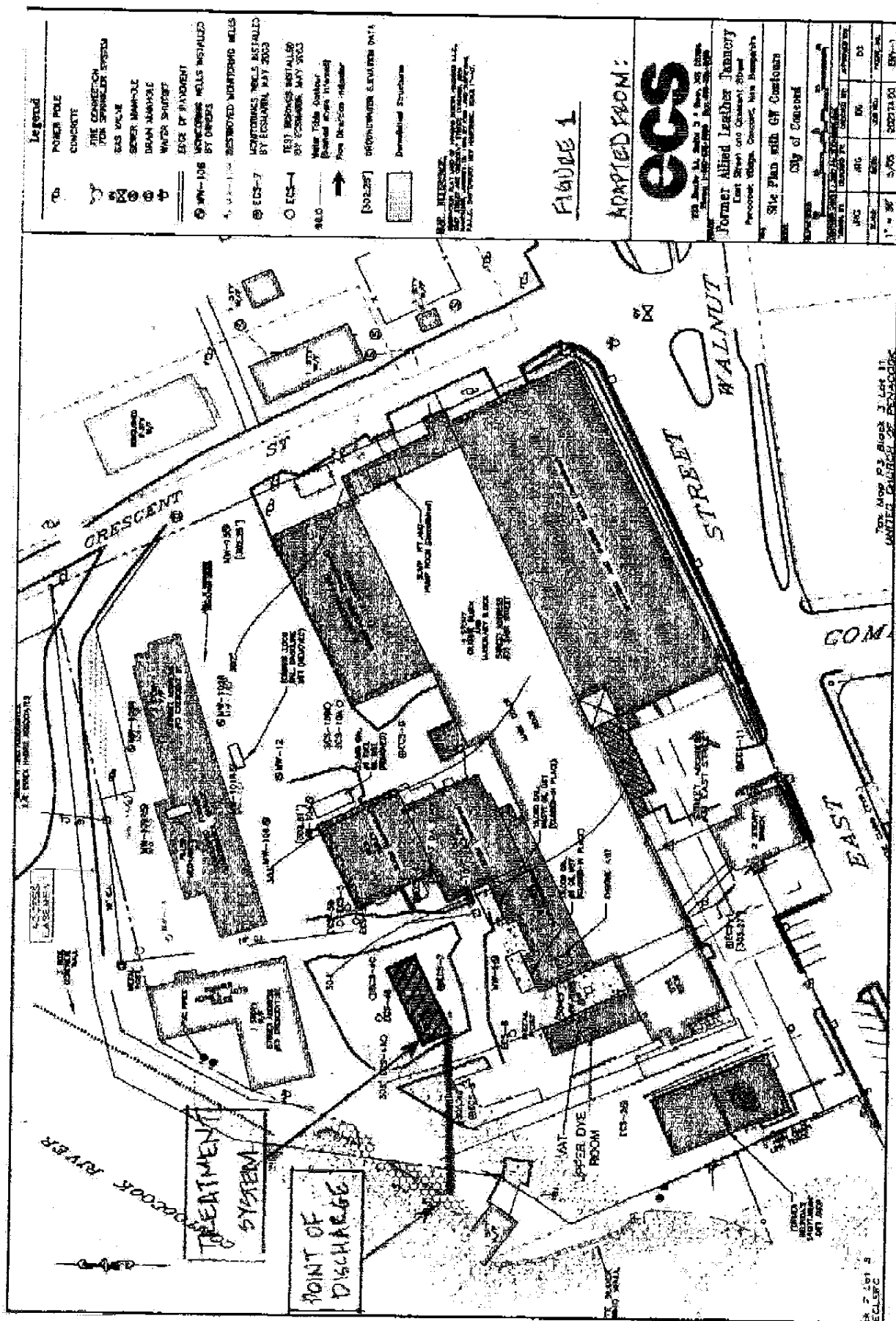
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

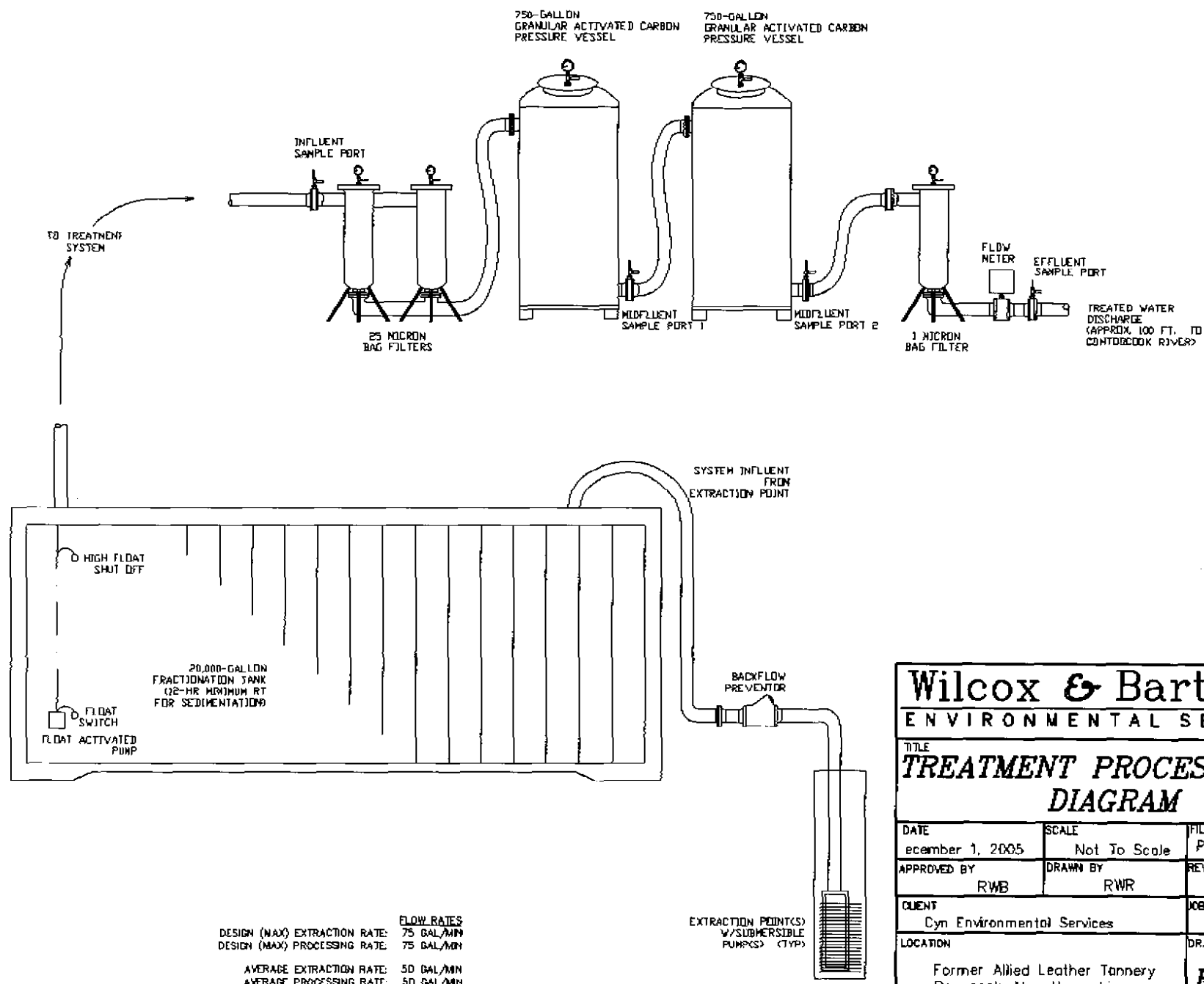
Facility/Site Name: FORMER ALLIED LEATHER TANNERY

Operator signature: 

Title: Pres.

Date: 12/7/05





Wilcox & Barton, Inc.		
ENVIRONMENTAL SERVICES		
TITLE TREATMENT PROCESS FLOW DIAGRAM		
DATE December 1, 2005	SCALE Not To Scale	FILE P & I Diagram
APPROVED BY RWB	DRAWN BY RWR	REVISED
CLIENT Cyn Environmental Services	JOB NUMBER CYN 0036	
LOCATION Former Allied Leather Tannery Penacook, New Hampshire	DRAWING NUMBER FIGURE 2	

TABLE 2
FORMER ALLIED LEATHER TANNERY
PENACOOK, NH

EOS #02-202174 00.08

WELL ID	CASING ELEVATION	DEPTH TO WATER	GROUNDWATER ELEVATION
ECS-1	313.54	8.27	305.27
ECS-3	309.87	4.41	305.46
MW-104	305.98	3.17	302.81
MW-105	306.47	1.57	304.9
MW-115	304.3	2.05	302.25
MW-102R	—	3.05	—
MW-108R	—	2.89	—